

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO

**09/743209**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		①				
6		1				
7		1				
8		1				
9		①				
10		①				
11		1				
12	1					
13		①				
14		①				
15			1			
16				2		
17				2		
18				2		
19				2		
20				2		
21				1		
22				2		
23				2		
24				2		
25				2		
26			1			
27				2		
28				①		
29						
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49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↓	19	↓		↓
TOTAL CLAIMS		↓	22	↓		↓

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS